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## \*BIBDATASHEET\*

CONFIRMATION NO. 5167

Bib Data Sheet

SERIAL NUMBER 09/852,881	FILING DATE 05/10/2001  RULE	CLASS 705	GROUP ART UNIT 3625	ATTORNEY DOCKET NO. H00-01600 (256.095US1)
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APPLICANTS

Sindhu Joseph, Kerala State, INDIA;  
 Ravindra K. Shetty, Bangalore, INDIA;  
 V. Thyagarajan, Bangalore, INDIA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 07/06/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY INDIA	SHEETS DRAWING 2	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 2
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ADDRESS  
 000128  
 HONEYWELL INTERNATIONAL INC.  
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 P O BOX 2245  
 MORRISTOWN , NJ  
 07962-2245

TITLE  
 Automated customer support system

FILING FEE  RECEIVED 1016	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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<b>APPLICANTS</b> Sindhu Joseph, Kerala State, INDIA; Ravindra K. Shetty, Bangalore, INDIA; V. Thyagarajan, Bangalore, INDIA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
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Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				
<b>ADDRESS</b> 000128				
<b>TITLE</b> Automated customer support system				
<b>FILING FEE RECEIVED</b> 998	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	